



Overview of the Army Substance Abuse Program ASAP

OBJECTIVES

- Identify the two ASAPs
- Identify the conditions that require a Soldier to be processed for administrative separation for substance abuse
- Identify testing and training requirements outlined in AR 600-85

Program Authority



Public Law 92-129 28 Sep 1971

Established drug prevention and control programs in the Armed Forces.



DoD Directive 1010.1

9 Dec 1994 - Drug Abuse Testing Program.

DoD Instruction 1010.16

9 Dec 1994 Technical
Procedures for the
Military Personnel
Drug Abuse Testing



Army
Regulation 60085
15 Oct 2001

Army Substance Abuse Program (ASAP)*

* Formally known as Alcohol and Drug Abuse Prevention Control Program (ADAPCP)

ASAP Principle

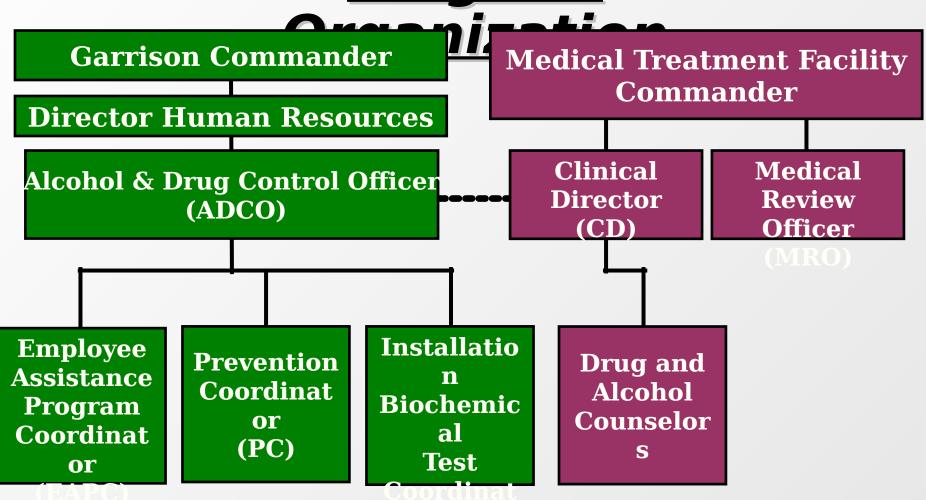
Abuse of alcohol or use of illicit drugs by both military and civilian personnel is inconsistent with Army values, standards of performance, discipline, and the readiness necessary to accomplish the Army's mission.

Guiding Principles

AR 600-85 1-31 states:

- The Army Substance Abuse Program is a <u>command</u> program that emphasizes readiness and personal responsibility.
- The <u>command</u> role in prevention, biochemical testing, early identification, rehabilitation and administrative or judicial actions is essential.
- Commanders will ensure that all

<u>Army Substance Abuse</u> <u>Program</u>



or (IBTC)

Army Substance Abuse Program

- Alcohol and Drug C**Staff**ficer (ADCO) The Garrison ASAP manager and the Commander's POC for all substance abuse issues.
- Prevention Coordinator (PC) Conducts education and prevention efforts on the installation - Unit's main resource for education and training materials.
- Installation Biochemical Test Coordinator (IBTC)
 - The installation SME on drug testing issues.
- Employee Assistance Program Coordinator
 (EAPC) POC for troubled civilian employees to receive counseling and referral services.
- Clinical Director (CD) Clinical ASAP Manager

ASAP Services

Garrison

- Provide prevention education Unit training, school programs, special events, etc.
- Provide information Campaigns, posters, pamphlets, etc.
- Run the drug testing program
- Train and certify UPLs
- Civilian Employee Assistance Program

Clinical

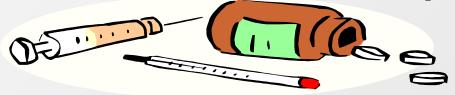
- Screen personnel for possible enrollment in treatment
- Provide treatment services
- Medical Review Officer (MRO) services from MTF (not ASAP) - The MRO determines if a positive specimen was positive due to legitimate medical use or illicit use

<u>Commander's</u> <u>Responsibilities</u>

- Implement a unit biochemical-testing program.
- Implement ASAP prevention and education initiatives - 4 hours/year.
- Ensure all newly assigned Soldiers are briefed on ASAP policies and services.
- Maintain ASAP elements while deployed.
- Report all offenses involving illegal possession, use, sale, or trafficking in drugs or drug paraphernalia to the PMO. This includes all positive drug test.

Drug Use Policy

- Soldiers identified as drug abusers using illegal drugs, using someone else's prescribed drugs or abusing their own prescription. Regardless of rank or time in service, must be:
 - Referred for screening at the Clinical ASAP
 - Considered for disciplinary action under UCMJ
 - Courts-Martial
 - Article 15
 - Processed for administrative separation



<u>Alcohol</u>

- Testing Commanders may test the unit or parts of the unit randomly for alcohol:
 - Blood Alcohol Content (BAC), based on breath test, of .05% is considered impaired on-duty
 - Test must be confirmed by MP breathalyzer or a Legal Blood Alcohol Test at the MTF.
- Commanders must deglamorize alcohol use; alcohol consumption should NOT be the main focus of any unit event.
- Enforce underage drinking violations charge both the underage drinker and the Soldier that provided the alcohol.

Alcohol Incident Policy

Alcohol related incidents:

- Referred for screening at Clinical ASAP
- Considered for disciplinary action under UCMJ
- An administrative separation action will be processed for Soldiers involved in two serious incidents of alcohol related misconduct in a year
- Alcohol Related Incidents (Misconduct) include but are not limited too:
 - Impaired on duty
 - DWI/DUIs
 - Underage drinking
 - Providing alcohol to someone under 21
 - Negative incident involving alcohol fighting, child or spouse abuse etc.

Screening By Clinical ASAP

Possible outcomes:

- No ASAP services required at this time: The Soldier does not have an alcohol or drug problem and does not require further education.
- Refer to Alcohol Drug Abuse Prevention Training (ADAPT) - 12 Hours of education intervention
- Referral to another agency Chaplain, marriage counselor, etc.
- Enrollment in to ASAP Rehabilitation The counselor will contact the commander to discuss treatment options.

Questions?

Angela Moss Prevention Coordinator

Angela.Moss@samhouston.ar my.mil

210-221-2986